

**Always Home, Inc.**  
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**Always Home** | PREVENTING FAMILY HOMELESSNESS  
*Serving Communities Since 1998*

## HOUSING ASSISTANCE ELIGIBILITY FORM

*Upon review of the completed form, Always Home's Case Manager will establish eligibility. Completion of the form does not guarantee services.*

Do you need assistance filling out and/or understanding applications? **Yes**      **No**

Is there a language barrier? **Yes**      **No**

Do you need an interpreter? **Yes**      **No**      If yes, what is your Primary Language \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Did you pay your rent/mortgage on time? **Yes**      **No**

If not, please explain: \_\_\_\_\_

Did you pay by:    Cash      Check      Money Order      Other

If you rented, how would you rate your relationship with the landlord? **Good**      **Fair**      **Poor**

Were you responsible for paying utilities? **Yes**      **No**

If yes, which ones:    Water      Electric      Gas      Oil      Cable

Are you or a member of your household currently working with any Social Service Agency?

If yes, please list services below.

### SERVICES INVOLVED WITH HOUSEHOLD (ex. DCF, CHR, DSS, etc.)

Name	Address	Phone #	Contact Person

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### FAMILY INFORMATION

The following Family Information is required for data tracking purposes only and will not be used to determine program eligibility. Please complete for all members of the household including yourself.

Full Names of All Household Members (First, MI, Last)	Relationship to Head of Household	Date of Birth	Gender Identity	Race *	Ethnicity **	Veteran (Y/N)	Disability (Y/N)	Parental Status (Custodial or Non-Custodial)	Highest Educational Level Attained
	<i>Self</i>								

\* Please indicate whether you identify as White; Black or African American; American Indian or Alaskan Native; Asian; Native Hawaiian or Pacific Islander; or Other. If you self-identify as more than one race, please indicate them in the chart or here \_\_\_\_\_.

\*\*Please indicate whether you identify as Hispanic or Latino/a/x or Non-Hispanic/Non-Latino/a/x

### Schools Minor Children Attend

Child's Name	Age	School/Town	Grade	Phone Number

**Do you need childcare?** Yes No If yes, do you need childcare but cannot afford it? Yes No

**Do you and all family members in your household currently have health insurance?** Yes No

If yes, who is the Insurance Carrier? \_\_\_\_\_

**Do you and all family members in your household currently have dental insurance?** Yes No

If yes, who is the Insurance Carrier? \_\_\_\_\_

**Do you or any family members have a medical condition, disability or mental health/substance abuse issue.**

If yes, please detail below.

Name	Condition	Medication	Severe, Moderate Seasonal

**HOUSING INFORMATION**

**Why do you feel that you are at the risk of being homeless?**

Reason(s) for loss of housing/becoming homeless: \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been homeless before? Yes No**

If yes, how many times? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Reason(s): \_\_\_\_\_

**Have you ever been evicted before? Yes No**

If yes, please detail how many times and reason for evictions: \_\_\_\_\_  
\_\_\_\_\_

**Have you ever received Security Deposit, Rental, or Eviction Assistance or other support from Always Home or another agency? Yes No**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Have you ever applied for Section 8 or public housing? Yes No**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Have you ever lived in subsidized housing? Yes No**

If yes, please explain: \_\_\_\_\_

**Where are you looking for housing? (Please list towns and states if other than CT)** \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

**Are you employed? Yes No**

**If no, are you looking for work? Yes No**

**If yes, are you employed full-time or part-time \_\_\_\_\_ Hours worked per week? \_\_\_\_\_**

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**Is school or job training a consideration? Yes No**

If yes, what are your interests: \_\_\_\_\_

\_\_\_\_\_

**If applicable, would you be interested in exploring GED classes? Yes No**

**Do you have a Social Security Number and card? Yes No**

**Do you have any major barriers to work (transportation, childcare, disability etc.)? Yes No**

If yes, what are the barriers: \_\_\_\_\_

\_\_\_\_\_

**Do you have access to public transportation or a reliable car? Yes No**

**Do you have a VALID driver's license? Yes No**

If yes, provide License #: \_\_\_\_\_ Licensing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**FINANCIAL INFORMATION**

The following information is required to determine eligibility for the program. Please include income of all working household members. Proof of income (pay stubs etc.) will be required if deemed eligible for services.

Income Source	Recipient Name	Case Number	Recert. Date	Monthly Amount
Wages – Full Time				
Wages – Part Time				
TANF				
SSI/SSDI				
Food Stamps				
Unemployment Benefits				
Child Support				
Other (Please explain below)				

**Other:** \_\_\_\_\_  
 \_\_\_\_\_

**Do you have a checking/savings account?** Yes      No  
 If yes, how much are you able to save? \$\_\_\_\_\_ per month

**Do you have outstanding bills (Rent, Utilities, Insurance, Car Payment, Phone, Credit Card, etc.)?** Yes      No  
 If yes, name them and the balance due below.

Name of Individual/Company Owed	Amount Owed

**ALWAYS HOME CASE MANAGER:** (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOUSEHOLD APPLICANT:** (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_